

## **RESPONSE IN OPPOSITION TO REJECTION OF CLAIM.**

TO: United States Bankruptcy Court/ Southern District of New York

Debtors: Lehman Brothers Holdings Inc., et al  
Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

### **Opposition To Disallowance of Claim Number 9021**

Claimant: Joseph J. Giordano  
772 WillowBrook Dr. Apt 908  
Naples, FL 34108 Tel: 617-694-7568

Basis of Claim: Ownership of Lehman Cap Tr. V1 6.24% Due 1/18/54

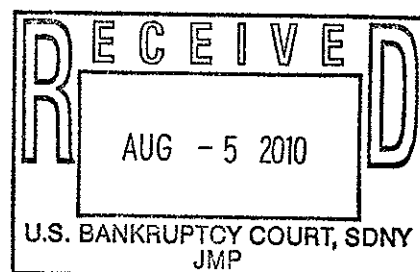
Amount of Claim: \$34,167.18

### **Reason for Opposition to Disallowance:**

Original support documentation from Charles Schwab was apparently misplaced. A copy of the original documentation supporting claim is hereby submitted along with up-to-date copy of statement as of 7/31/10 from Charles Schwab

Copies of this response are being sent to:

Honorable James M. Peck, One Bowling Green, New York, NY, 10004, Courtroom 601; Weil Gotshal & Manges LLP, 767 Fifth Ave., New York, NY 10153 (Attn: Shai Waisman, Esq.); Office of the United States Trustee for the Southern District of New York, 33 Whitehall St., 21<sup>st</sup> Floor, New York, New York 10004 (Attn: Andy Velez-Rivera, Esq., Paul Schwartzberg, Esq., Brian Masumoto, Esq., Linda Rifkin Esq., and Tracy Hope Davis Esq.), Milbank, Tweed Hadley & McCloy LLP, Attorneys for the Unsecured Creditors, 1 Chase Manhattan Plaza, New York, New York 10005 (Attn: Dennis F. Dunne Esq., Dennis O'Donnell Esq., and Evan Fleck, Esq.)



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## PROOF OF CLAIM

United States Bankruptcy Court/Southern District of New York  
Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held	Case No. of Debtor

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

JOSEPH T. GIORDANO  
772 WILLOW BROOK DR.  
APT 908  
NAPLES, FL 34108  
617-694-7568 TJGIORDANO@AOL.COM

Telephone number: Email Address:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

## THIS SPACE IS FOR COURT USE ONLY

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 34167.18

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*

☐ Check this box if all or part of your claim is based on a Guarantee.\*

\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim PURCHASE OF LEHMAN CAP TR 216.24% 54 DUE 01/18/14  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 8078  
3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_  
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

8/19/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Joseph T. Giordano

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_

FOR COURT USE ONLY

FILED / RECEIVED

AUG 24 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

*charles*SCHWAB

07/13/09

211 MAIN STREET  
1ST FLOOR, M.S. 215FMT-03-375  
SAN FRANCISCO, CA 94105

IMPORTANT INFORMATION  
SECURITY DESCRIPTION: LEHMAN BROTHERS HLD CAP TR VI

CUSIP#: 52520X208  
ACCOUNT#: 464R  
QUANTITY: 1,350

\*\*\*\*\*AUTO\*\*3-DIGIT 341  
JOSEPH JOHN GIORDANO  
CHARLES SCHWAB & CO INC CUST  
IRA CONTRIBUTORY  
772 WILLOWBROOK DR APT 908  
NAPLES FL. 34108

Dear Client,

We have been requested to forward you the enclosed material. If you have any questions pertaining to this notice, please contact your financial institution.

FOR INFORMATION CALL:

SCHWAB AT (800) 435-4000

JOB NUMBER: E47813 164

CONTROL#: 328094826390

*charles*SCHWAB

211 MAIN STREET  
1ST FLOOR, M.S. 215FMT-03-375  
SAN FRANCISCO, CA 94105

000019845

10



**DO NOT MAIL**



\*\*\*\*\*AUTO\*\*3-DIGIT 341  
JOSEPH JOHN GIORDANO  
CHARLES SCHWAB & CO INC CUST  
IRA CONTRIBUTORY  
772 WILLOWBROOK DR APT 908  
NAPLES FL. 34108

Charles Schwab

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## Positions

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Market Value Unrealized Gain / Loss Positions Monitor

Values as of: 07/21/09 08:21 AM ET  
Trades made today will not appear until tomorrow.

Lot Details: LEHNQ LEHMAN CAP TR VI 6.24%54 DUE 01/18/54SUBJ TO XTRO REDEMPTION

Rules &amp; Assumptions

Contributory 4123-2464

Acquired/Opened	Quantity	Price	Cost Per Share	Market Value	Cost Basis	Gain/Loss	Holding Period
03/17/2006	1,350	\$0.15	\$25.31	\$202.50	\$34,167.18	-\$33,964.68	Long Term
<b>Total</b>	<b>1,350</b>			<b>\$202.50</b>	<b>\$34,167.18</b>	<b>-\$33,964.68</b>	

Back to Overview

Data for this holding has been edited.

The total Unrealized Gain/Loss for this account includes values for Short Positions held in the account. For more information on summary totals when there are Short Positions, please see the Help Section.

The value reported for this security may not reflect the current market price.

Total for Market Value excludes un-priced securities.

N/A Not Available

**Charles SCHWAB**

Contributory IRA of  
**JOSEPH JOHN GIORDANO**  
**CHARLES SCHWAB & CO INC CUST**  
**IRA CONTRIBUTORY**

Account Number  
**4123-2464**

Statement Period  
**July 1-31, 2010**

**Investment Detail - Mutual Funds (continued)**

Equity Funds (continued)	Quantity	Market Price	Market Value	% of Account Assets	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
PERKINS MID CAP VALUE FD ° CL T SYMBOL: JMCVX	2,305.0340	19.9000	45,870.18	5%	22.70	52,328.54	(6,458.36)
ROYCE 100 FUND SVC CL ° SYMBOL: RYOHX	6,084.4060	8.1800	49,770.44	5%	8.30	50,523.35	(752.91)
SCHWAB HEALTH CARE FUND ° SYMBOL: SWHFX	1,186.3900	13.8200	16,395.91	2%	17.22	20,430.64	(4,034.73)
VANGUARD INTL VALUE FUND ° SYMBOL: VTRIX	486.6870	29.0500	14,138.26	1%	45.64	22,211.80	(8,073.54)
WASATCH GLOBAL SCIENCE & TECHNOLOGY FUND SYMBOL: WAGTX	1,820.8650	12.6800	23,088.57	2%	14.22	25,896.60	(2,808.03)

<b>Total Equity Funds</b>			<b>166,280.58</b>	<b>17%</b>		<b>192,352.52</b>	<b>(26,072.44)</b>
<b>Total Mutual Funds</b>			<b>279,518.56</b>	<b>28%</b>		<b>297,239.65</b>	<b>(17,721.09)</b>

**Investment Detail - Other Assets**

Accounting Method  
Other Assets: First In First Out (FIFO)

Other Assets	Quantity	Market Price	Market Value	Cost Basis	% of Account Assets	Unrealized Gain or (Loss)
LEHMAN CAP TR VI 6.24%54 TR FPD SECS DUE 01/18/54 SUBJ TO XTRO REDEMPTION SYMBOL: LEHNO	1,350.0000 1,350.0000	0.0800 25.3090	108.00 34,167.18	108.00 34,167.18	<1% 03/17/06	(34,059.18) (34,059.18)

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

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